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H.573

Introduced by Representatives Pearson of Burlington and Grad of Moretown

Referred to Committee on

Date:

Subject: Health; health insurance; acupuncture

Statement of purpose of bill as introduced: This bill proposes to require insurance coverage for certain medically necessary health care services when delivered by a licensed acupuncturist.

An act relating to insurance coverage for medically necessary services delivered by acupuncturists

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 8 V.S.A. § 4088k is added to read:

§ 4088k. COVERAGE FOR COVERED SERVICES PROVIDED BY

ACUPUNCTURISTS

(a) To the extent a health insurance plan provides coverage for medically necessary diagnosis and treatment related to pain management, anxiety and post-traumatic stress disorder, substance use disorder, and nausea, an acupuncturist licensed pursuant to 26 V.S.A. chapter 75 who acts within his or her authorized scope of practice shall not be denied reimbursement by the

1 health insurer for providing those covered services if the health insurer would
2 reimburse another health care provider for providing the services.

3 (b) A health insurer may require that the services be provided by a licensed
4 acupuncturist under contract with the insurer. Services provided by an
5 acupuncturist may be subject to reasonable deductibles, co-payment and
6 coinsurance amounts, fee or benefit limits, practice parameters, and utilization
7 review consistent with applicable rules adopted by the Department of Financial
8 Regulation; provided that the amounts, limits, and review shall not function to
9 direct treatment in a manner that unfairly discriminates against acupuncture
10 care, and collectively shall be no more restrictive than those applicable under
11 the same policy for care or services provided by other health care providers but
12 allowing for the management of the benefit consistent with variations in
13 practice patterns and treatment modalities among different types of health care
14 providers.

15 (c) As used in this section:

16 (1) "Health insurance plan" means an individual or group health
17 insurance policy, a hospital or medical service corporation or health
18 maintenance organization subscriber contract, or another health benefit plan
19 offered, issued, or renewed for a person in this State by a health insurer. The
20 term does not include benefit plans providing coverage for a specific disease or
21 other limited benefit coverage.

1 (2) “Health insurer” shall have the same meaning as in 18 V.S.A.

2 § 9402.

3 Sec. 2. EFFECTIVE DATE

4 This act shall take effect on October 1, 2016 and shall apply to health
5 insurance plans on or after October 1, 2016 on such date as a health insurer
6 issues, offers, or renews the health insurance plan, but in no event later than
7 October 1, 2017.